



DEPARTMENT OF EDUCATION

JOB APPLICATION CHECKLIST

Take the time to make sure your job application is completed properly. Use the checklist below to complete and provide all the required information as requested. Failure to complete and/or provide the required items may result in delay or decline of your application.

- Employment Application
- Reference Letter (2)
- Resume (optional)
- Copy of I.D (Driver's license, passport, student I.D)
- Social Security Card
- College degree
- Diploma (if required)
- Court clearance
- Police clearance

Please request for an HR Specialist to assist you if you should have any questions regarding this checklist.



DEPARTMENT OF EDUCATION

APPLICATION FOR EMPLOYMENT



You Are Applying For _____

Desired Salary: \$ _____

Other Jobs Interested In: _____

Date Available for Work: _____

PERSONAL INFORMATION					
Full Name (Last, First Name, Middle)				Social Security No.	
Date of Birth (MM/DD/YY)	Age	Gender	Marital Status	Are you a citizen of the FSM? _____ If not, please indicate: _____	
Address		City		State	Zip
Municipality	Permanent Residence		Phone No.		Email Address
1. Have you any physical handicap, chronic disease or other disability? Yes___ No___ 2. Have you ever had a nervous breakdown? Yes___ No___ 3. Have you ever had Tuberculosis? Yes___ No___ 4. Have you ever been dismissed, or asked to resign from any position? Yes___ No___ 5. Have you ever been convicted of a felony, or misdemeanor which resulted in imprisonment? Yes___ No___ If yes to number 4 or 5, please explain: _____ _____					
EDUCATION					
High School: _____			Address: _____		
Year started: _____		Did you graduate? Yes___ No___		If yes what year? _____	
College: _____			Address: _____		
Major: _____			Minor: _____		
Type of Degree: _____		Did you graduate? Yes___ No___		Year started: _____ Year ended: _____	
College: _____			Address: _____		
Major: _____			Minor: _____		
Type of Degree: _____		Did you graduate? Yes___ No___		Year started: _____ Year ended: _____	

EMPLOYMENT - LIST MOST RECENT JOBS FIRST				
Employer		Job Title		
Address		Work Phone	City	State Zip
Date you started working? _____ (MM/DD/YY)		Date you stopped working? _____ (MM/DD/YY)		Starting Pay: \$_____ Last Pay: \$_____
Supervisor's Name and Title		Work Phone		Cell Phone
Describe the work you did: _____ _____ _____				
Reason for Leaving: _____ _____				
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No.				

Employer		Job Title		
Address		Work Phone	City	State Zip
Date you started working? _____ (MM/DD/YY)		Date you stopped working? _____ (MM/DD/YY)		Starting Pay: \$_____ Last Pay: \$_____
Supervisor's Name and Title		Work Phone		Cell Phone
Describe the work you did: _____ _____ _____				
Reason for Leaving: _____ _____				
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No.				

You must complete this section. List 3 names of person(s) that can attest to your skills and qualifications. Please do not include any relatives or person(s) living in the same household as you.

REFERENCES			
Name	Title	Company	Phone

Acknowledgement and Authorization
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- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant	Date
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